

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519577

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11	1					
12						
13						
14	1					
15						
16	1					
17						
18						
19						
20	1					
21	1					
22	1					
23	1					
24						
25						
26						
27						
28						
29						
30	1					
31	1					
32						
33						
34						
35						
36	1					
37						
38	1					
39						
40						
41						
42						
43	1					
44	1					
45						
46	1					
47	1					
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56						
57						
58						
59						
60	1					
61	1					
62	1					
63						
64						
65						
66						
67						
68						
69						
70						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	52					
TOTAL DEP.	40					
TOTAL CLAIMS	62					